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PTO/SB05 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 1949-00701	
		First Inventor Jim Smith Hogan	
		Title Method and Apparatus for Processing A Waste Product	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No. EV 324572902 US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 19] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Preferred Embodiments - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description of Preferred Embodiments - Claim(s) - Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets: 7]		ACCOMPANYING APPLICATION PARTS	
5. Oath and Declaration [Total Pages: 1] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	
		11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
		13. <input checked="" type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input checked="" type="checkbox"/> Other: Petition to Make Special; Declaration in Support of Petition to Make Special	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: 10/287,387 Prior application information: Examiner K. Rinehart Group/Art Unit: 3749			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number of Bar Code Label		23505 or <input type="checkbox"/> Correspondence address below	
Name			
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City	State	Zip Code	
Country	Telephone	Fax	
Name (Print/Type) Jeffrey L. Johnson		Registration No. (Attorney/Agent) 53,078	
Signature 		Date: June 23, 2003	

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06/23/03

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FEE TRANSMITTAL

For FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$ 679.00

Complete if Known

Application Number	*
Filing Date	*
First Named Inventor	Jim Smith Hogan
Examiner Name	*
Group Art Unit	*
Attorney Docket No.	1949-00701

METHOD OF PAYMENT (Check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:
 Deposit Account Number: 03-2769
 Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account
☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	\$375.00
1002 330	2002 165	Design filing fee	\$
1003 520	2003 260	Plant filing fee	\$
1004 750	2004 375	Reissue filing fee	\$
1005 160	2005 80	Provisional filing fee	\$

SUBTOTAL (1) \$375.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
30	20** = 10 x	9.00	= \$90.00
Independent Claims	5 3** = 2 x	42.00	= \$84.00
Multiple Dependent		280.00	= \$00.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent Claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$174.00

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Name (Print/Type) Jeffrey L. Johnson

Registration No. (Attorney/Agent)

53,078

Complete (if applicable)

Telephone (713) 238-8000

Signature

Date

June 23, 2003

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SENT FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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